



# ACCESSORY APPLICATION Environmental Health Division

**Ada & Boise County**  
707 N. Armstrong Pl  
Boise, ID 83704-0825  
Ph. 327-7499

**Elmore County**  
520 E. 8th St. North  
Mountain Home, ID  
83647, Ph. 587-9225

**Valley County**  
703 N. 1st St.  
P.O. Box 1448  
McCall, ID 83638  
Ph. 634-7194

## For Office Use Only

Permit No. \_\_\_\_\_ Receipt No. \_\_\_\_\_

Date \_\_\_\_\_ Received By \_\_\_\_\_

This Application is for: ☐ ACCESSORY USE ☐ TEMPORARY LIVING QUARTERS

Owner/Applicant's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**CURRENT  
MAILING**

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**PROPERTY  
ADDRESS**

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**LEGAL  
DESCRIPTION  
OF PROPERTY**

1/4

1/4

Section \_\_\_\_\_

Township \_\_\_\_\_

Range \_\_\_\_\_

Lot \_\_\_\_\_

Block \_\_\_\_\_

Subdivision \_\_\_\_\_

*Note: Be sure your legal description is accurate - an inaccurate legal description may result in rejection of your application*

Location

☐ Inside City

☐ In County

Parcel # \_\_\_\_\_

Narrative description of your project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list current number of bedrooms in the home \_\_\_\_\_ Number of bedrooms to be added \_\_\_\_\_ Total number of bedrooms \_\_\_\_\_

Year Septic System was installed & approved: \_\_\_\_\_ Record No: \_\_\_\_\_ Year home was built: \_\_\_\_\_

**NOTE: SHOULD THIS DEPARTMENT HAVE NO RECORD OF YOUR SEPTIC SYSTEM,  
YOU MUST HAVE YOUR SEPTIC TANK SIZED OR PUMPED AND BRING THE RECEIPT TO THIS OFFICE.**

**PLOT PLAN:**

(indicate directions)

**Please draw an aerial view of the property showing the outline of buildings, well location(s), water lines, location of septic tank and drainfield, location of drainfield replacement area, ditches and streams, and location of street or road. Indicate dimensions and separation distances of each from septic tank and drainfield. (See example on back of sheet.)**



*I hereby certify that all information contained in this application is accurate and complete and I authorize the health authority access to this property. I also understand that any modifications, repairs or construction of a replacement or new individual or subsurface sewage disposal system requires that I obtain a permit to do so from the Central District Health Department.*

Applicant's/Agent's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address (if different from above) \_\_\_\_\_ Phone \_\_\_\_\_

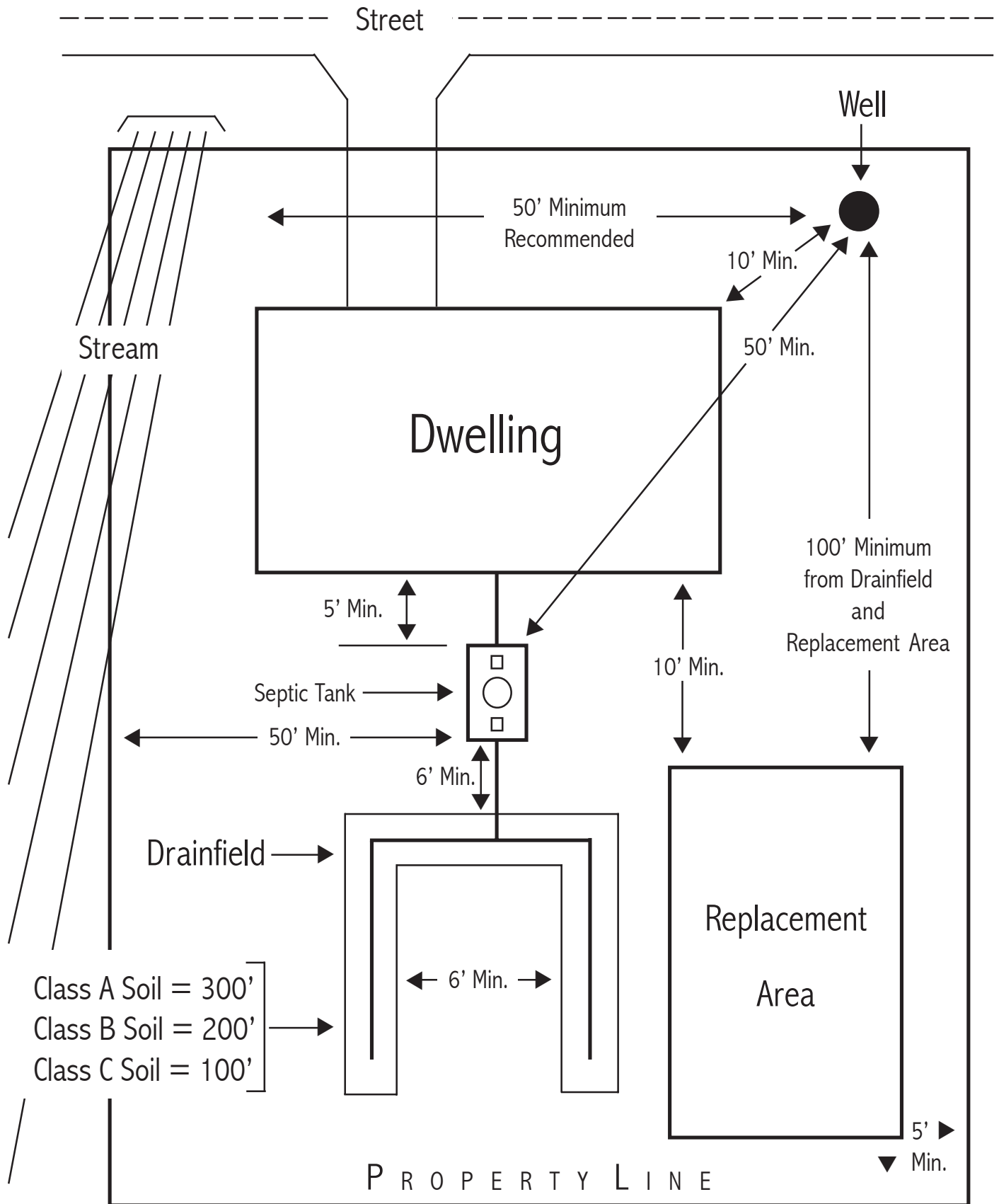
## FOR OFFICIAL USE ONLY

Proposed use is: ☐ Approved ☐ Approved per conditions ☐ Denied (see attached documentation).

By \_\_\_\_\_ EHS 40 \_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

9 / 03

# Dimensional Requirements for a Standard Drainfield



- Notes:
1. The distance from a drainfield to a dwelling with a basement is 20 feet.
  2. The minimum distance between a building sewer and a domestic well is 50 feet.